

DEPARTMENT OF THE ARMY  
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER  
6900 Georgia Avenue, NW  
Washington, DC 20307-5001

WRAMC Regulation  
No. 40-5

20 March 2001

Medical Services  
**AUTOPSY**

**1. History**

This issue publishes a revision of this publication.

(1) Ensure that permission for an autopsy is sought on all hospital deaths.

**2. Applicability**

This regulation is applicable to all clinical services and the Department of Nursing of Walter Reed Army Medical Center (WRAMC).

(2) Monitor autopsy findings as a part of their Quality Improvement (QI) process.

c. Department of Nursing will:

**3. Purpose**

This regulation establishes policies and procedures regarding care of the deceased and postmortem procedures.

(1) Prepare bodies of deceased patients and transport to the morgue as per current Standard Operating Procedures (SOP).

(2) In the event of a sudden and unexplained death, the preparation of the body for transfer to the morgue shall not involve removal of indwelling catheters, tubes or lines. Any intravenous medications infusing at the time of, or shortly before the death shall be forwarded with the body.

**4. References**

a. AR 40-2, Army Medical Treatment Facilities: General Administration, 3 Mar 78.

b. AR 40-3, Medical, Dental, and Veterinary Care, 30 Jul 99.

c. AR 40-66, Medical Record Administration and Health Care Documentation, 3 May 99.

d. Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services, 2000-2001.

e. College of American Pathologists Manual on Autopsy Performance and Recording.

d. Chief, Patient Administration Directorate will expeditiously authenticate autopsy permission, clearing necessary cases with the Medical Examiner.

**6. Policies**

a. Autopsy permission. Permission to perform an autopsy will be sought on every hospital death that either does not fall within the jurisdiction of the Medical Examiner or such jurisdiction has been waived. Particular emphasis will be placed on seeking an autopsy after death has occurred under one or more of the following circumstances:

(1) Deaths in which an autopsy may help to explain unanticipated medical complications.

**5. Responsibilities**

a. Chief, Department of Pathology will operate the morgue and provide autopsy services to WRAMC.

b. Chiefs of Clinical Department/Services will:

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\*This regulation supersedes WRAMC Regulation 40-5, 1 Dec 94.

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(2) All cases in which the cause of death is not known, with certainty, on clinical grounds.

(3) Cases in which an autopsy may help to allay concerns and provide reassurance to the family and/or the public regarding the cause of death.

(4) Unexpected or unexplained deaths occurring during or following any dental, medical or surgical diagnostic procedure or therapy.

(5) Deaths of patients who have participated in clinical trials.

(6) Natural deaths in the waived jurisdiction of the Medical Examiner, such as

(a) Persons pronounced dead on arrival.

(b) Deaths occurring within 24 hours of admission.

(c) Deaths associated with an injury sustained in the hospital.

(7) Deaths resulting from infectious or contagious disease.

(8) All obstetric deaths.

(9) All pediatric or neonatal deaths.

(10) Deaths in which it is believed that autopsy would disclose a known or suspected illness that may have a bearing on survivors or recipients of transplanted organs.

(11) Deaths known or suspected to have resulted from environmental or occupational hazards.

b. Autopsy performance. The Department of Pathology performs autopsies after receipt of authenticated permission. A member of the healthcare team that provided care to the deceased will be notified of the time of the autopsy prior to its initiation. The preliminary autopsy report will be available to the clinicians in two working days or less. The final report,

except in highly complex cases, will be available in thirty working days or less.

c. Autopsy feedback. The Department of Pathology will code autopsy findings according to the following scheme, which is adapted from the World Health Organization:

(1) Category 1 - Expected finding.

(2) Category 2 - Unexpected, pathologically insignificant, clinically insignificant finding.

(3) Category 3 - Unexpected, pathologically significant, clinically insignificant finding.

(4) Category 4 - Unexpected, pathologically significant, clinically significant finding.

## 7. Procedures

a. The Department of Pathology will:

(1) Expeditiously perform requested autopsies in accordance with current practice.

(2) Determine the need for any toxicologic examination of any body fluid organ or medication and insure the performance of the needed examination and include the results in the final report.

(3) Provide the Cause of Death to Casualty Affairs, Patient Administration Directorate, as soon as it is known.

(4) Prepare and distribute the preliminary findings within two working days.

(5) Prepare and distribute the finalized autopsy report within thirty (30) working days for routine cases and sixty (60) working days for highly complex cases.

(6) Monitor and report the autopsy rate (# autopsies/# deaths x 100) in the department QI minutes.

(7) In the event the autopsy rate for WRAMC falls below 20%, a memorandum and survey regarding autopsies will be distributed to all WRAMC clinical staff, fellows, and housestaff.

b. Clinical Department or Services will:

(a) Ensure that an autopsy is requested on every hospital death that does not fall within the jurisdiction of the Medical Examiner.

(b) Utilize the autopsy feedback in their QI program.

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The proponent agency of this requisition is the office of the Department of Pathology.  
Send comments and suggested improvements on DA Form 2028 (Recommended  
Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical  
Center, ATTN: MCHL-U, Georgia Avenue, NW, Washington, DC 20307-6001.

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